MARYLAND
Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:29

Reporting for the week ending 07/20/19 (MMWR Week #29)

July 26th, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS	
National:	**No Active Alerts**
Maryland:	**Normal (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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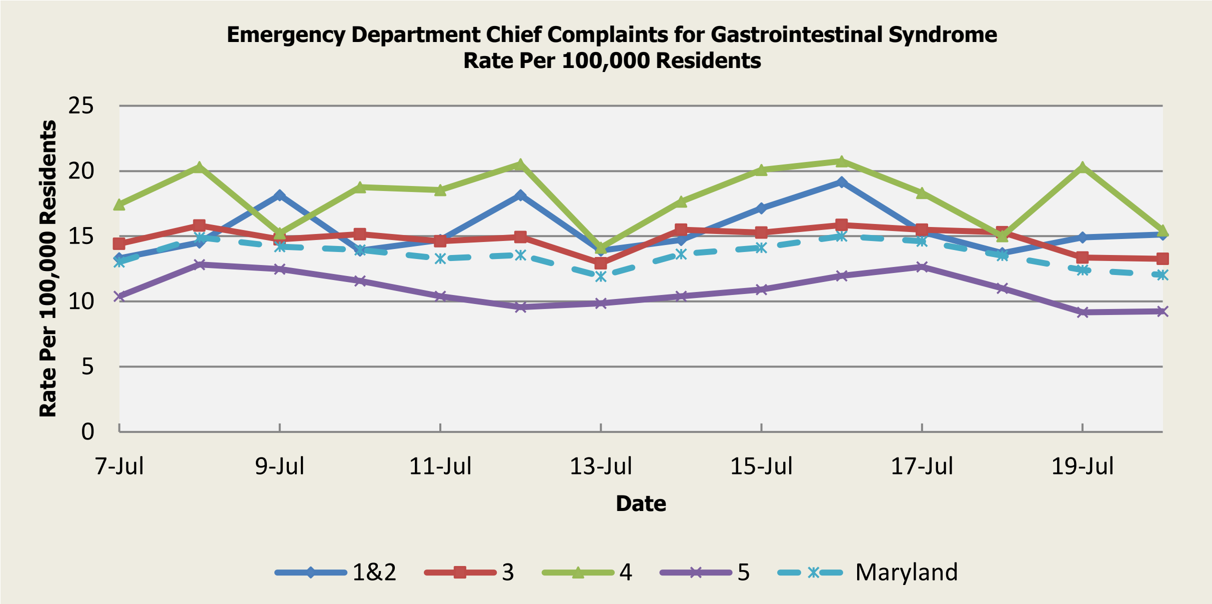
Gastrointestinal Syndrome



There were two (2) Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis associated with a Farm (Region 5); one (1) outbreak of Gastroenteritis/Foodborne associated with a Restaurant (Region 5).

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.26	15.10	15.91	10.24	13.15
Median Rate*	13.11	14.87	15.46	10.13	13.00

** Per 100,000 Residents*

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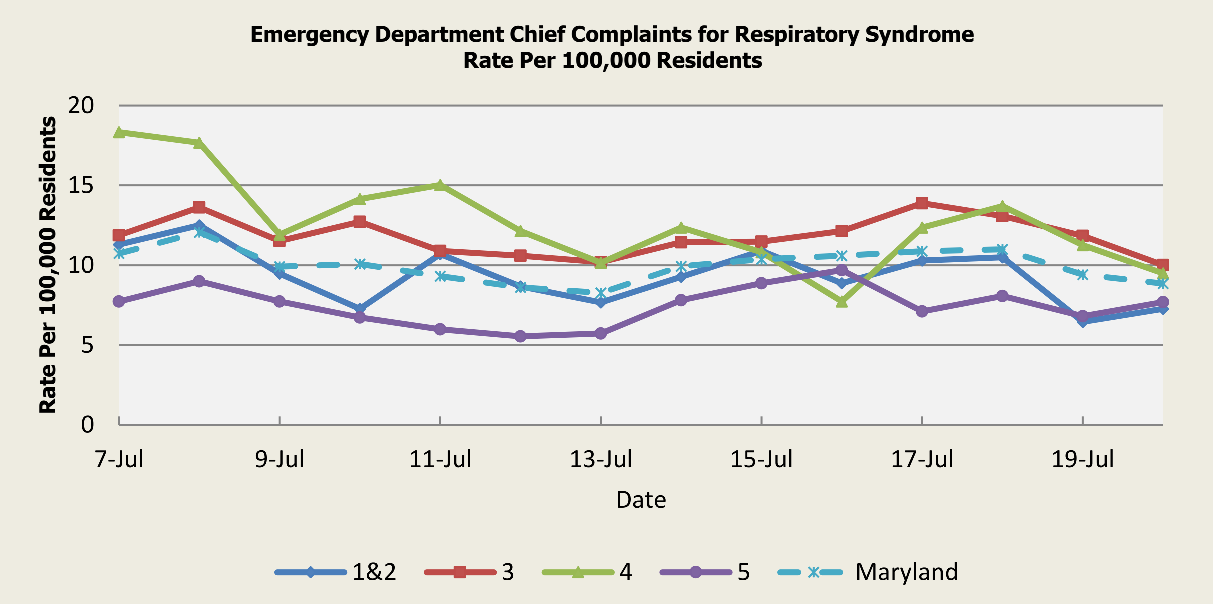
Respiratory Syndrome



There were two (2) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of Pneumonia in a Nursing Home (Region 3); one (1) outbreak of Pneumonia in an Assisted Living Facility (Region 3).

	Respiratory Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.64	14.73	15.07	9.97	12.76
Median Rate*	12.10	14.18	14.35	9.65	12.26

** Per 100,000 Residents*

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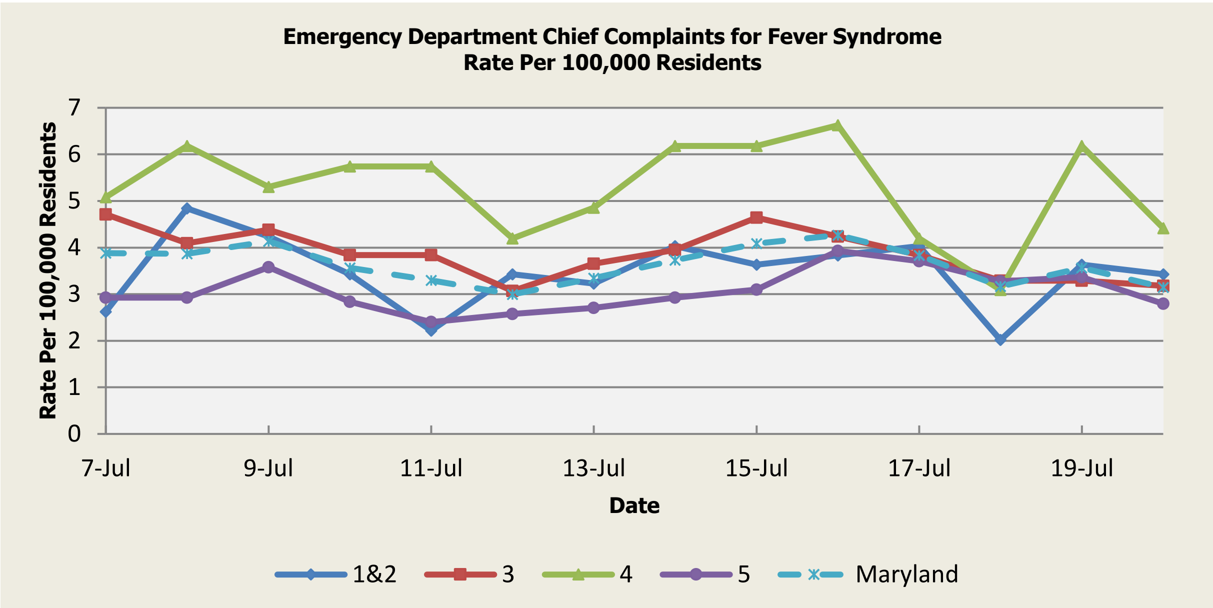
Fever Syndrome



There were no Fever Syndrome outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

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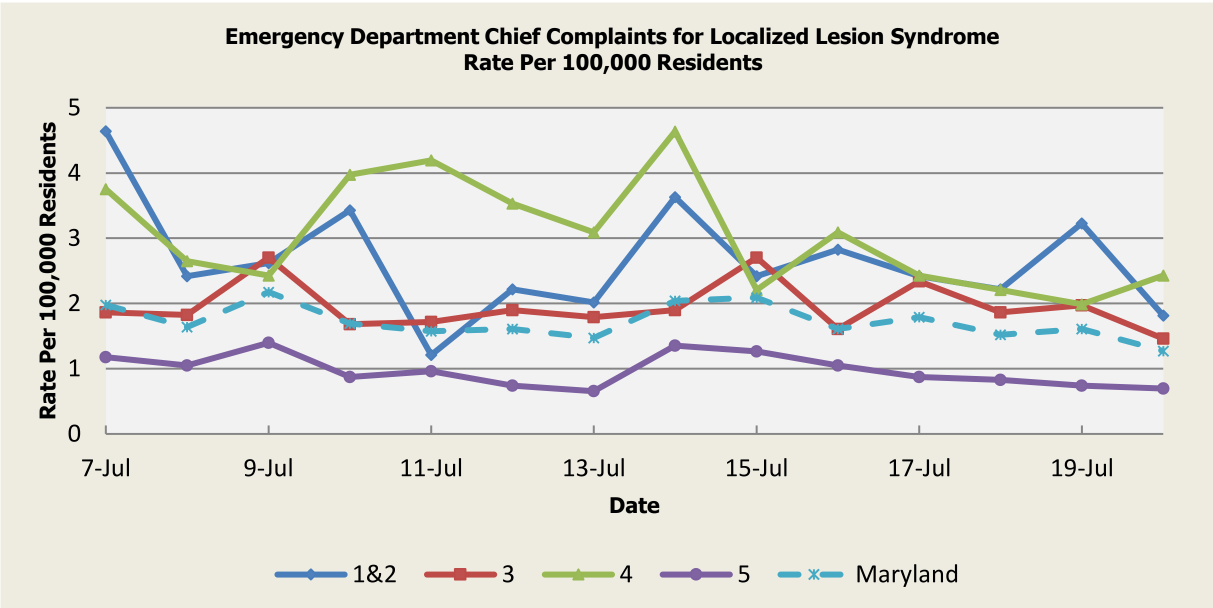
Localized Lesion Syndrome



There were no Localized Lesion Syndrome outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.14	1.80	2.04	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

** Per 100,000 Residents*

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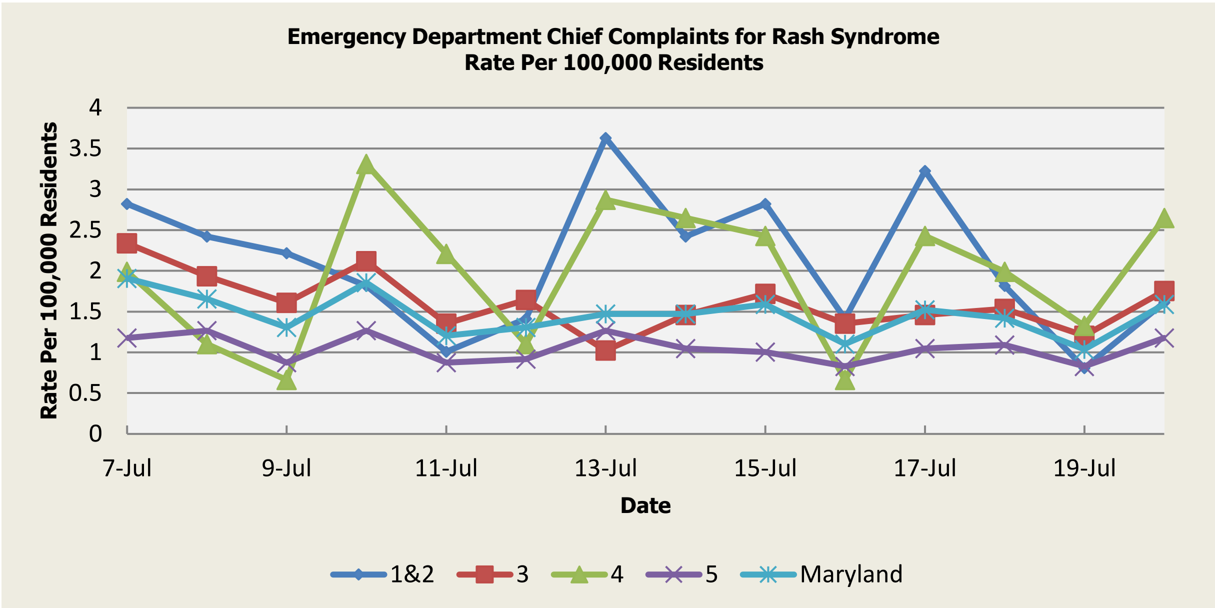
Rash Syndrome



There were no Rash Syndrome outbreaks reported this week.

	Rash Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.24	1.68	1.77	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

** Per 100,000 Residents*

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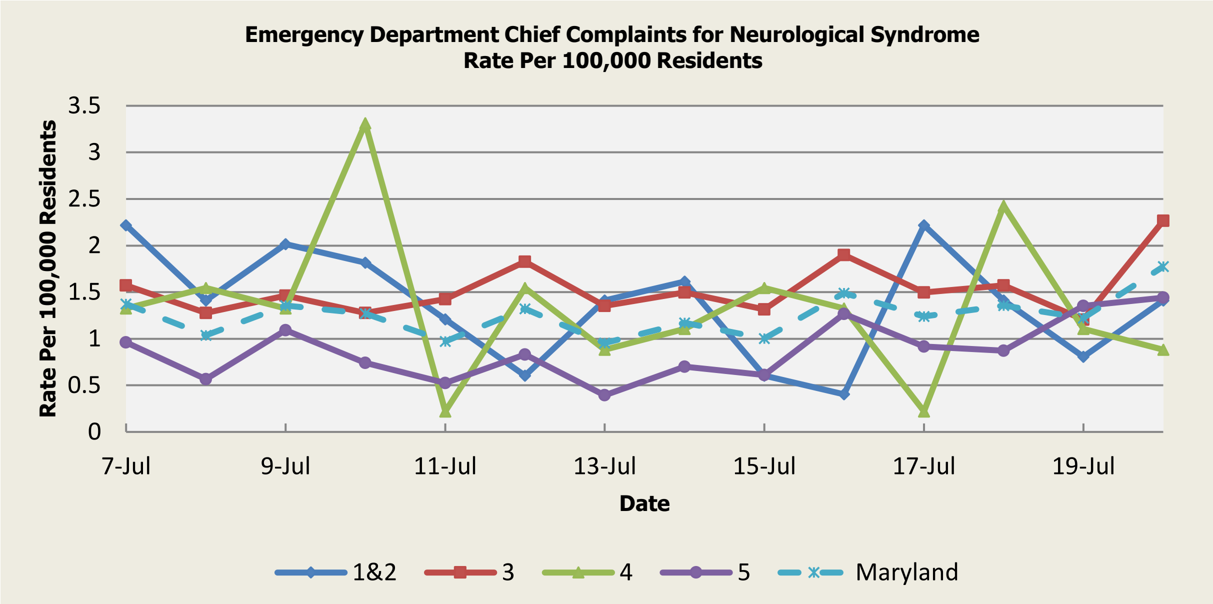
Neurological Syndrome



There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.78	0.95	0.86	0.60	0.79
Median Rate*	0.81	0.84	0.66	0.52	0.70

** Per 100,000 Residents*

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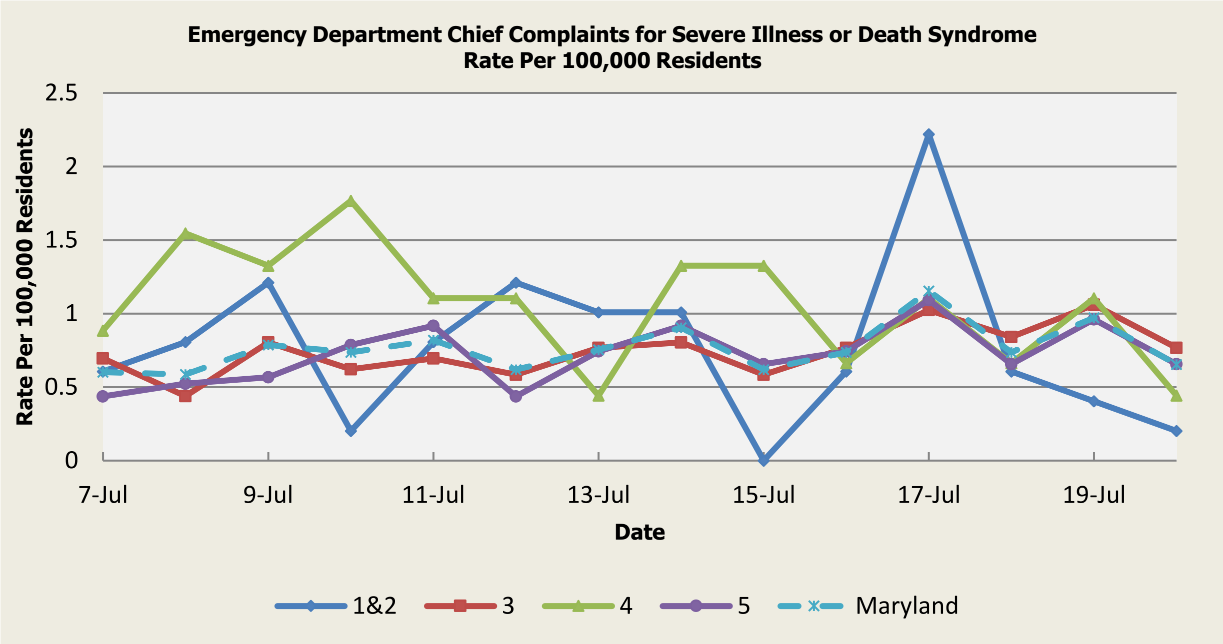
Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.51	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.69

** Per 100,000 Residents*

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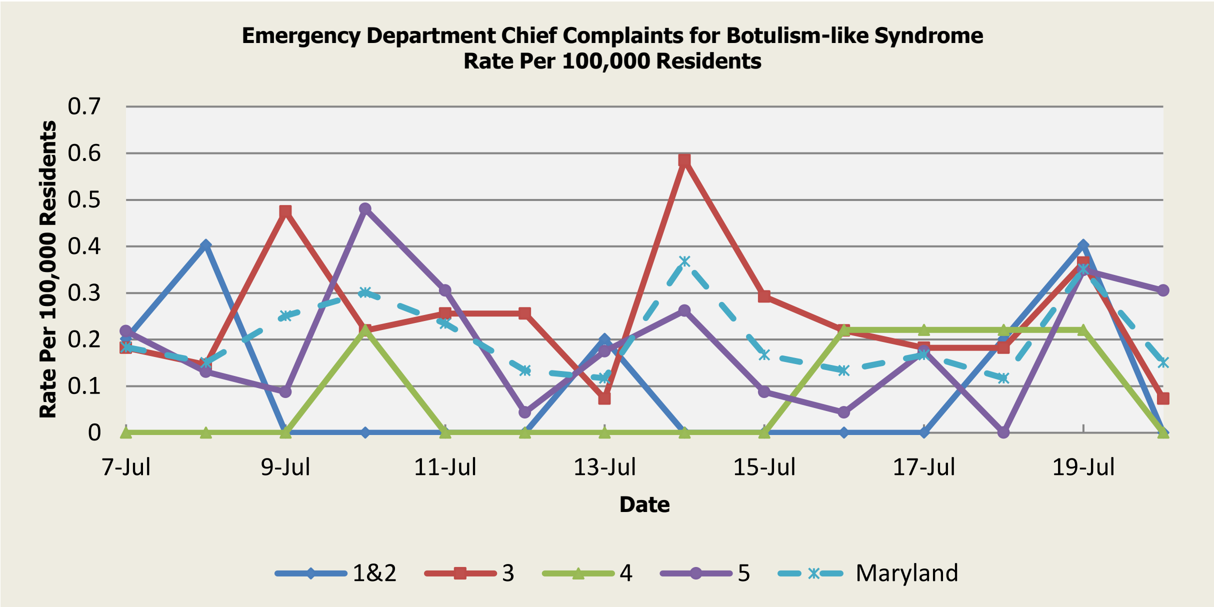
SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 7/7 (Regions1&2,5), 7/8 (Region 1&2), 7/9 (Region 3), 7/10 (Regions 4,5), 7/11 (Regions 3,5), 7/12 (Region 3), 7/13 (Regions 1&2,5), 7/14 (Regions 3,5), 7/15 (Region 3), 7/16 (Region 4), 7/17 (Regions 4,5), 7/18 (Regions 1&2,4), 7/19 (Regions 1&2,3,4,5), 7/20 (Region 5). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.08	0.10
Median Rate*	0.00	0.07	0.00	0.04	0.08

** Per 100,000 Residents*

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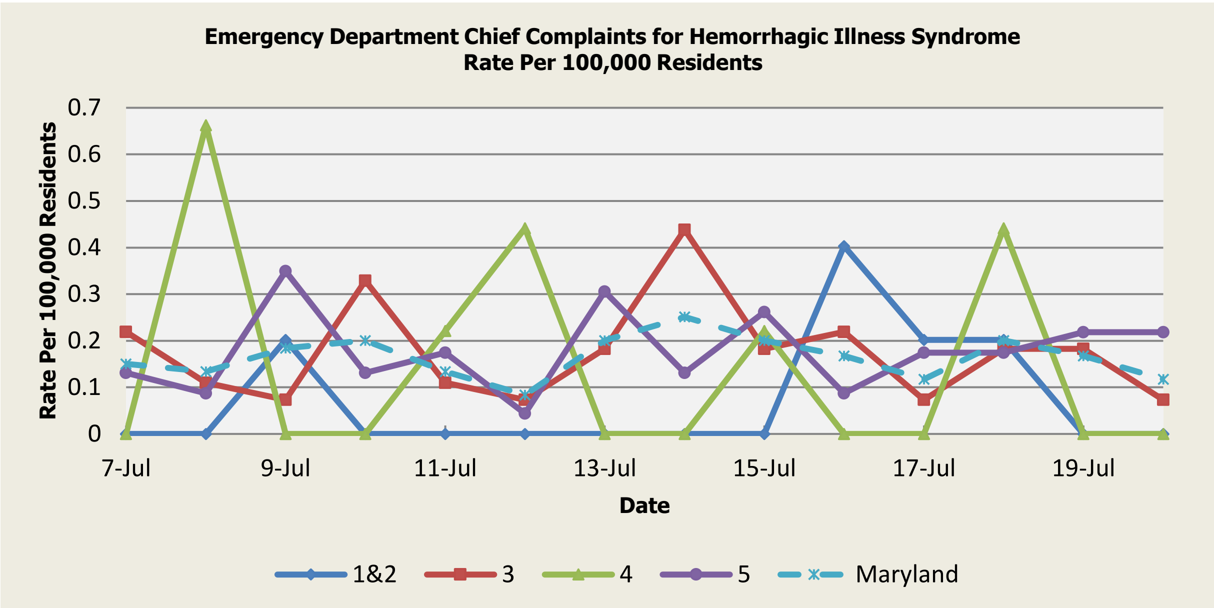
Hemorrhagic Illness Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 7/8 (Region 4), 7/9 (Regions 1&2,5), 7/10 (Region 3), 7/11 (Region 4), 7/12 (Region 4), 7/13 (Region 5), 7/14 (Region 3), 7/15 (Regions 4,5), 7/16 (Region1&2), 7/17 (Region 1&2), 7/18 (Regions 1&2, 4). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

** Per 100,000 Residents*

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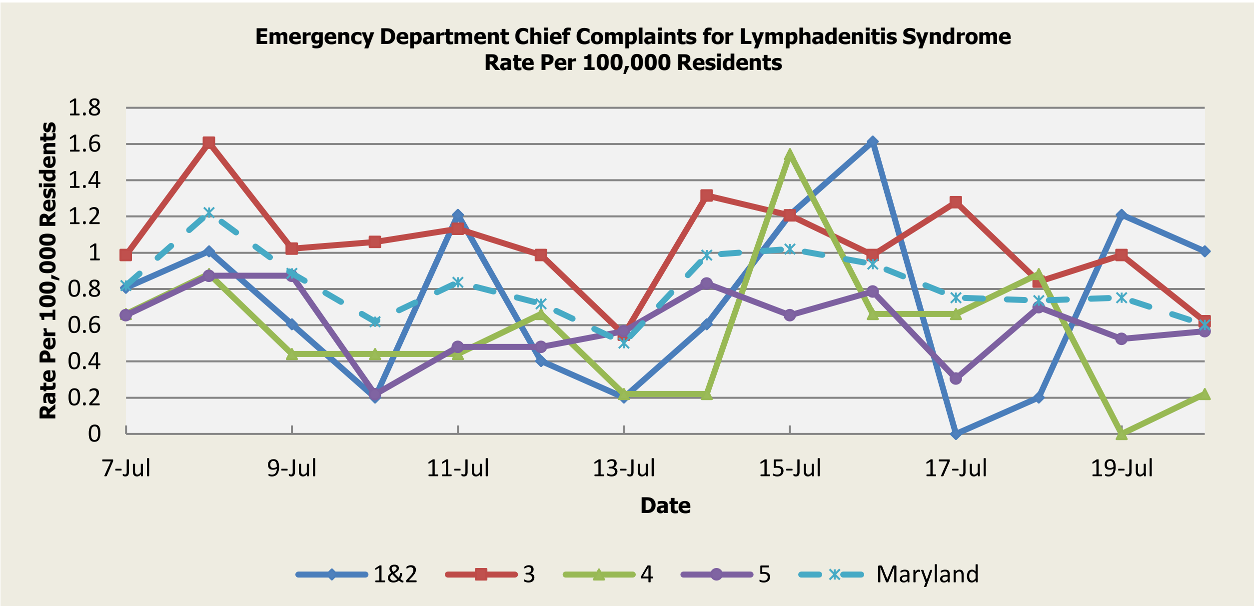
Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 7/7 (Region 1&2), 7/8 (Region 1&2,3,4,5), 7/9 (Region 5), 7/11 (Region 1&2), 7/14 (Regions 3,5), 7/15 (Regions 1&2,3,4), 7/16 (Regions 1&2,5), 7/17 (Region 3), 7/18 (Region 4), 7/19 (Region 1&2), 7/20 (Region 1&2). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.37	0.59	0.40	0.38	0.48
Median Rate*	0.40	0.47	0.44	0.35	0.42

** Per 100,000 Residents*

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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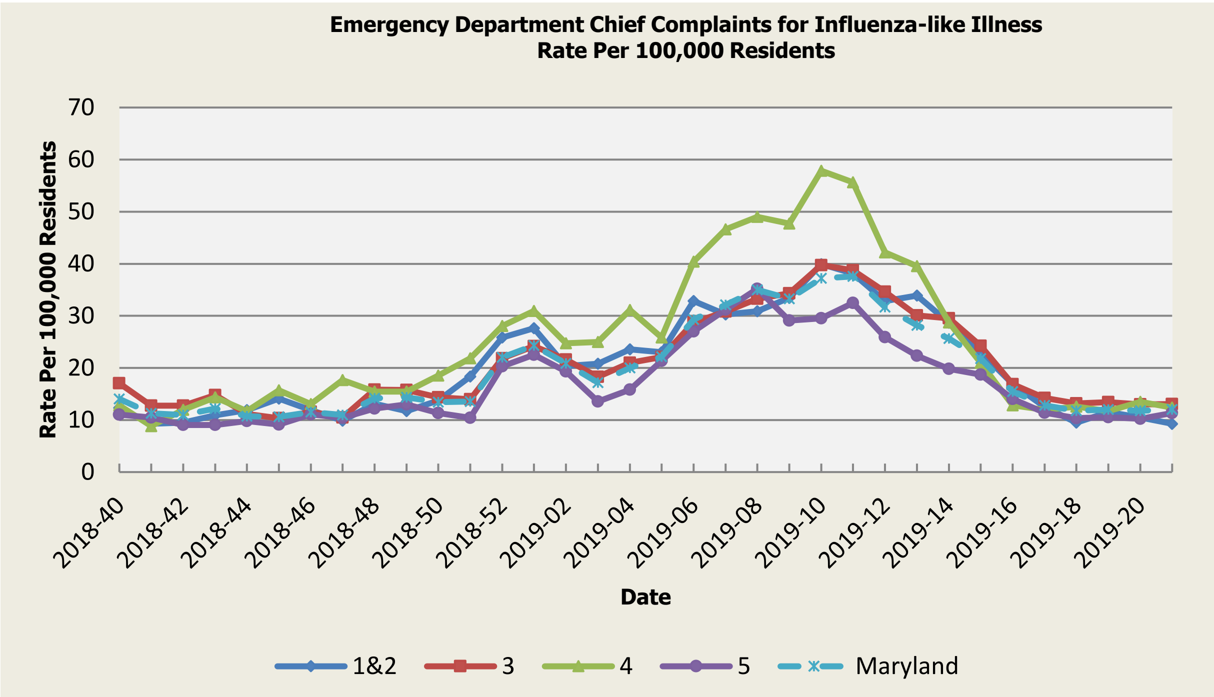
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

Influenza-like Illness



	Influenza-like Illness Baseline Data Week 1 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.26	13.39	12.94	11.33	12.30
Median Rate*	7.66	10.38	9.27	8.80	9.49

** Per 100,000 Residents*

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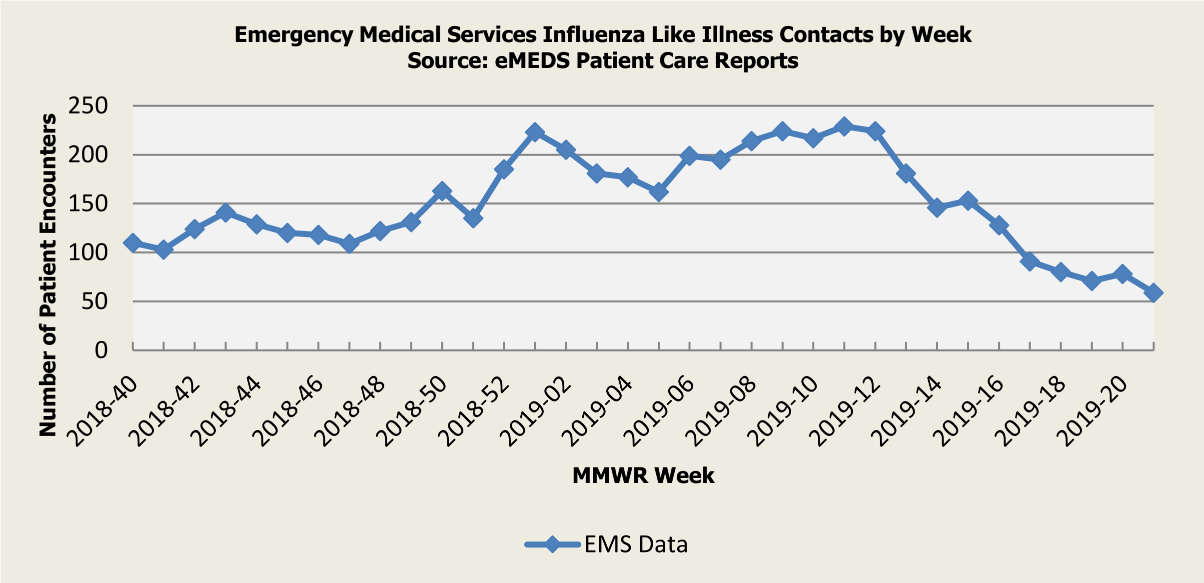
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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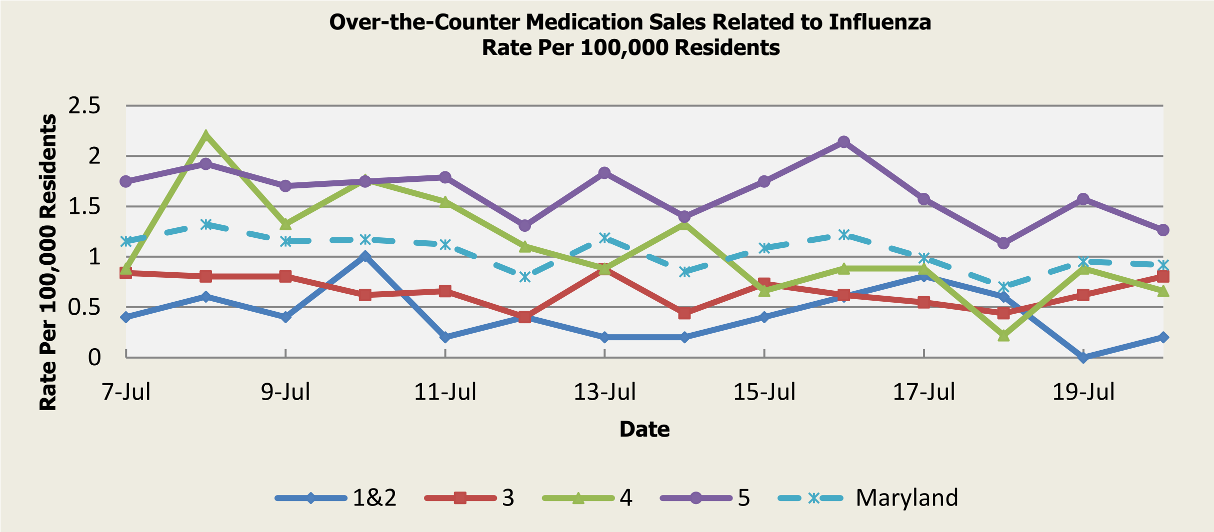
Over-the-Counter Influenza-Related Medication Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.51	4.52	2.69	7.90	5.60
Median Rate*	2.82	3.69	2.32	7.20	4.89

** Per 100,000 Residents*

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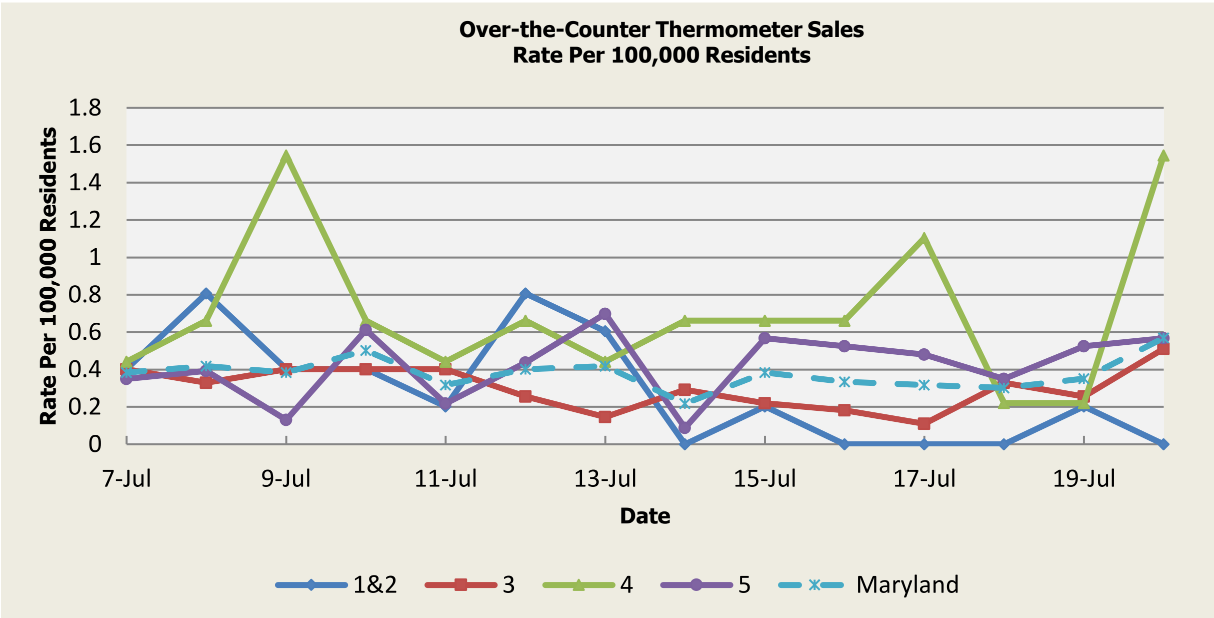
Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.99	2.85	2.27	3.79	3.18
Median Rate*	2.62	2.74	2.21	3.69	3.08

* *Per 100,000 Residents*

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SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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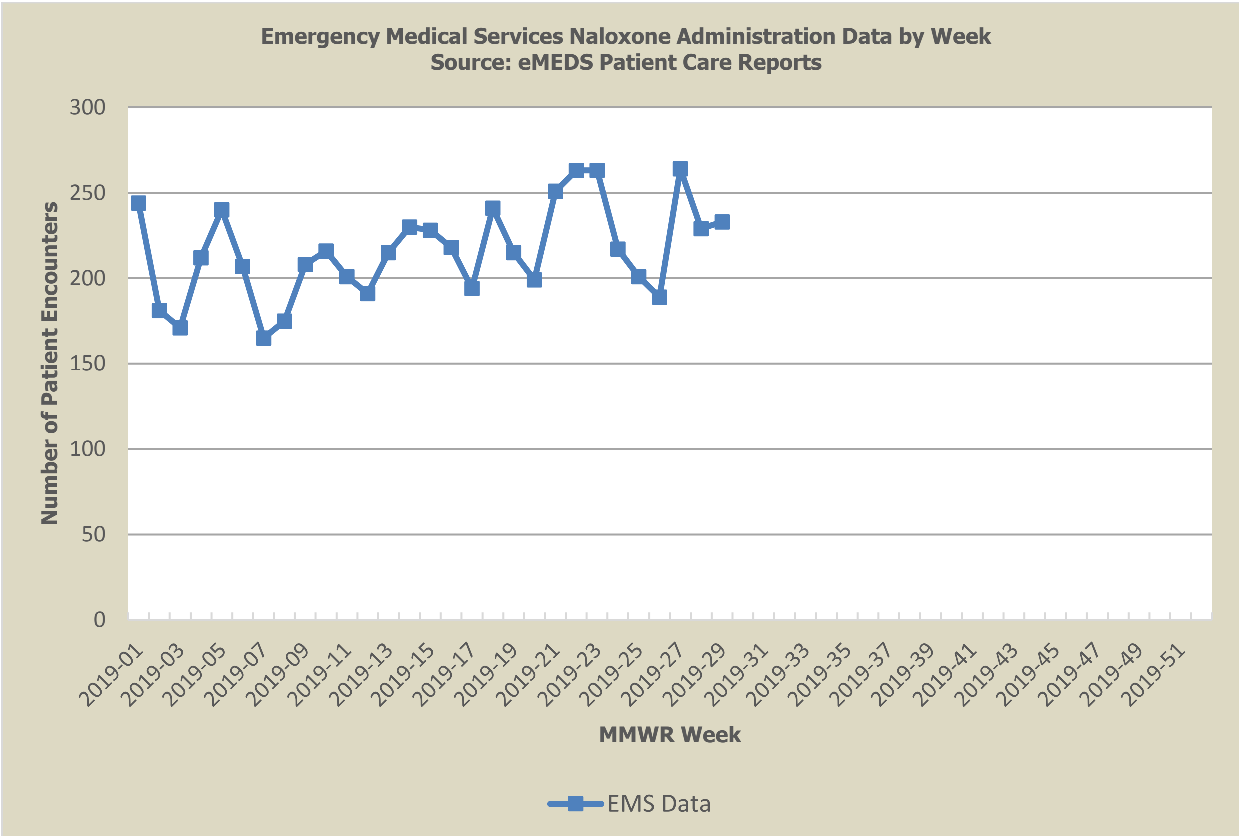
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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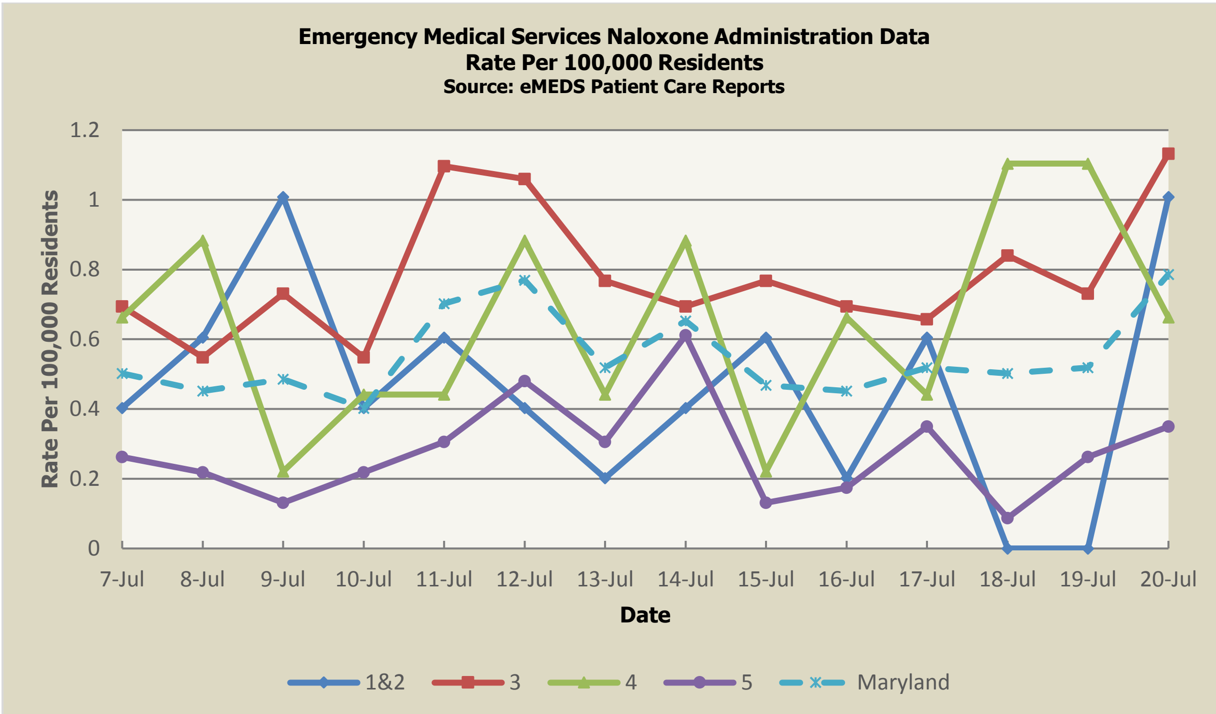
Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of July 25, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

POWASSAN VIRUS ENCEPHALITIS (MAINE) 25 Jul 2019, The Maine Center for Disease Control and Prevention (CDC) is reporting the state's 1st case of the tick-borne Powassan virus since 2017. The Powassan virus -- which is rare but can cause severe illness -- is much less common than other tick-borne diseases such as Lyme or anaplasmosis.
Read More: https://www.promedmail.org/post/6587802

VIBRIO VULNIFICUS (FLORIDA) 25 Jul 2019, A Citrus County man who is among the latest to contract flesh-eating bacteria (the cause of necrotizing fasciitis - Mod.LL) says he is grateful to be alive. When he contracted necrotizing fasciitis, he didn't show symptoms for several weeks. ABC Action News reporter Michael Paluska talked to the man from his Citrus

County home. After spending nearly 2 weeks in the hospital, he was able to return home on 11 Jul 2019. Read More: https://www.promedmail.org/post/6588017

CYCLOSPORIASIS (VIRGINIA) 24 Jul 2019, Northern Virginia health districts, which include Alexandria, Arlington, Fairfax, and others, are reporting an investigation into a significant increase in the number of reported cyclosporiasis cases since mid-June 2019. To date there are 15 cyclosporiasis cases reported in the northern region of Virginia, up from 8 at this time last year [2018]. Additionally, more than 40 people from 2 large businesses in the area have reported gastrointestinal illness and are under investigation for suspected cyclosporiasis.
Read More: https://www.promedmail.org/post/6585524

LEGIONELLOSIS (GEORGIA) 24 Jul 2019, The number of people who either stayed or visited the Sheraton Atlanta and were sickened with legionnaires' disease has climbed from 6 to 9, according to the Georgia Department of Health. The Sheraton Atlanta on Courtland Street shut down last [Mon 15 Jul 2019] after 3 guests who recently stayed at the hotel tested positive for the disease, which causes serious lung infections
Read More https://www.promedmail.org/post/6584395

FOODBORNE ILLNESS (NORTH CAROLINA) 23 Jul 2019, A public health alert has been issued by the AppHealthCare advising that there are 8 lab confirmed cases of gastrointestinal illnesses linked to a charity barbecue held at the Masonic Snow Lodge fundraiser held on Fri 19 Jul 2019 on Temple Drive in Boone, North Carolina. A number of others who presented with similar symptoms of gastrointestinal complaints who may also be linked to this foodborne illness outbreak. Read More: https://www.promedmail.org/post/6581932

CYCLOSPORIASIS (MASSACHUSETTS) 22 Jul 2019, A cyclospora outbreak in the Boston area has sickened more than 80 people since May 2019, according to news reports. Dr Larry Maddoff, medical director for the Bureau of Infectious Diseases and Laboratory Sciences at the Massachusetts Department of Public Health told Boston 25 News about this outbreak. Most of those sickened live in the greater Boston area and eastern Massachusetts. Read More: https://www.promedmail.org/post/6580625

INTERNATIONAL DISEASE REPORTS

METHANOL POISONING (COSTA RICA) 25 Jul 2019, The Costa Rican government has issued a national alert saying that alcohol tainted with methanol is behind the deaths of 19 people. According to the government, 5 women and 14 men have died after drinking contaminated liquor since early June [2019] The Health Ministry said the victims ranged from 32 to 72 years in age. Read More: https://www.promedmail.org/post/6586399

INVASIVE TICK (NETHERLANDS) 25 Jul 2019, The giant tick found in Drenthe last week has been confirmed as a Hyalomma marginatum, a species originating in tropical climates and previously confined to southern parts of Europe. The ticks, thought to be brought in by migrating birds, have striped legs and their body is almost twice the length of ticks normally found in the Netherlands. Read More: https://www.promedmail.org/post/6587800

LISTERIOSIS (AUSTRALIA) 24 Jul 2019, Two people have died from _Listeria_ infections in Australia after probably eating contaminated smoked salmon, officials say. A 3rd person also contracted the illness -- known as listeriosis -- but survived. The 3 cases happened in different states. Read More: https://www.promedmail.org/post/6586028

CHAPARE VIRUS (BOLIVIA) 23 Jul 2019, An outbreak of hemorrhagic fever was recently reported in Bolivia. The outbreak is caused by an arenavirus that appears similar to Chapare virus, which causes Chapare hemorrhagic fever. Travelers to Bolivia should avoid contact with rodents, with rodent urine or feces (droppings), and with people who are sick. Read More: https://www.promedmail.org/post/6583615

SALMONELLOSIS (FRANCE) 23 Jul 2019, More than 80 people are ill in France due to a _Salmonella_ outbreak linked to a meat product from Italy. A spokeswoman from Sante Publique [Public Health] France told Food Safety News that 83 people had been infected by _Salmonella_ Typhimurium and 13 of them needed hospital treatment. Read More: https://www.promedmail.org/post/6583294

TICK-BORNE ENCEPHALITIS (SWITZERLAND) 22 Jul 2019, Cases of tick-borne diseases, including encephalitis and Lyme disease, almost halved in Switzerland in the 1st 6 months of 2019 compared with the same period last year [2018]. Read More: https://www.promedmail.org/post/6582248

HEPATITIS C (RUSSIA) 22 Jul 2019, As many as 150 child cancer patients have been infected with hepatitis C in Russia's Far East in an outbreak that parents and officials say is the result of unhygienic medical practices, BBC Russia has reported. Officials in the Amur region said parents had been ringing the alarm about a hepatitis C outbreak in the Blagoveshchensk children's cancer hospital since 2012. Read More: https://www.promedmail.org/post/6581633

SALMONELLOSIS (UKRAINE) 22 Jul 2019, A foodborne illness outbreak is being investigated by the Rivne OLC of the Ministry of Health of Ukraine. Between 15-18 Jul 2019, 84 acute gastrointestinal disease cases were reported, including 52 cases in Zdolbunivskyi district. 61 people required hospitalization, including children. Read More: https://www.promedmail.org/post/6581355

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.health.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website: http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.health.maryland.gov

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne’s County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George’s County St. Mary’s County